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LEADING ARTICLES

THE ROLE OF PHYSICIAN, PHILANTHROPIST, PUBLICIST, AND POLITICIAN REGARDING A FEDERAL DEPARTMENT OF HEALTH.*

LISTON HOMER MONTGOMERY, M. D.

CHICAGO

President American Association of Medical Examiners.

Mr. President, Ladies and Gentlemen:

The title and presentation of this paper seems to be especially opportune at this time, without pretense of emulating the teaching of the Great Physician, hearlding forth, or exploiting my views of making claim other than that of a doctor of medicine. Hence, as a physician, I feel it a duty again incumbent upon me as best I can, in the limited time at my disposal to briefly refer to the movement that has since last March been inaugurated and assumed tangible shape looking toward a department of health as a separate executive branch of our general government by the introduction, first in the United States Senate by Senator Owen of Oklahoma, his bill which was subsequently followed by Representative Creagar in introducing the same bill in the House of Representatives. And still later the introduction of similar bills in the house by Representatives Simmons and Hanna.

In my judgment, the Nation's duty looking to the preservation or conservation of human life and a National Department of Health with a medical scientist in charge of this proposed new portfolio should have been realized many years ago.

And as physicians we should be first to unanimously proclaim and heartily endorse this project of educating, or inculcating into the minds of our representatives the necessity of this vital and paramount subject and all that pertains to hygiene, personal cleanliness, and public health matters generally.

This not only includes the simple rules of keeping clean and healthful, by avoidance of infection and contagion of various forms of disease, but the environments and ventilation of dwellings, hospitals, eleemosynary institutions and manufactories; of our public school houses, theatres, Pullman sleeping cars, smoking and day coaches on railroads, pay-as-you-enter street cars, the sweat shop evil, coal and other mines which are like dark caverns or dungeons, the hulls of steam ships and should be electrically ventilated and provided with an abundance of pure air.

Our homes should be supplied with more sunshine, and clean water for domiciliary purposes, also the bromatological inspection of foodstuffs, including ancient cold storage products, poultry farms, the dairies and abattoirs throughout the United States.

In brief, as physicians we should not be content merely in calling attention to unsanitary evils when they exist to every person who is interested, when same can be mitigated, lessened, or cease to exist when proper surveillance or suppression is undertaken by this proposed department. In the absence of said department, or other competent authority in a community, ways and means should be constantly at our command to combat, control, overcome or exterminate these menaces to human life.

But if there is no adequate law, remedy or remedies within our reach to ameliorate or asphyxiate these conditions that are detrimental to the public welfare of a community, the next suggestion of the writer to get quick action would be to appeal to those whose finances will render them amenable to a philanthropic turn of mind to aid the conscientious physician and

*Read at the thirty-sixth annual meeting of the Mississippi Valley Medical Association, held at Detroit, Mich., September 13-15, 1910.

worthy applicants who come to us to secure relief of their physical ills.

I have therefore placed the philanthropist in a truly altruistic sense well nigh toward the top of the title of this paper, on the principle that it is his or her privilege to richly endow hospitals and institutions for biologic research of germs of disease whereby the remedy, antitoxin, serum or sera may be discovered to combat various disorders. As it is my belief that various other ills which human tissues are heir to will be treated, alleviated or cured through this manner of medication, as time progresses than is at present done. This individual philanthropy is indeed commendable for the good and welfare of all suffering humanity.

Regarding the publicist he may be a scientist versed in writing upon the laws of nature and treat of certain factors pertaining to the rights of National sovereignity and sublimity, yet he may not be regarded an authority upon matters pertaining to sanitation and public health. However this may be, his influence would materially assist our efforts of carrying on an active propaganda for legislation toward securing this department.

Of the politician may it not be pertinent to inquire, is it not a disregard of human life, health and happiness when he exerts his influence against legislative action of a feasible and reasonable public health proposition? Is it not blind parismony? Or, put the question this way: Is he not tampering with the laws of health and well being of his constituents? Yes, the very laws of national health, the greatest and most vital asset of our glorious republic, when he disregards the views of able men of our profession.

After the foregoing general introduction this leads the writer to refer more in detail to the duty of ourselves toward this great public health reform problem; also to the politician and his relation to the welfare of the people and conservation resource; of the influence the medical profession should have upon our representatives in Congress and upon others in conservation matters toward securing "a National Department of Health" by the election of men who will more progressively and more ably represent he people in this matter.

What can be said, or how should a politician be dealt with who is high in the President's official family who is reported to have publicly announces recently in a Western city, "that conservation is a fad," that "the demagogue, fanatic and sentimentalist are crusading under this banner" "begets only hysteria," etc.? If the assertions were uttered by the gentleman as quoted above, then, perhaps according to his views of thinking, physicians who try to exterminate infection, contagion and disease, and thereby promote the preservation of human life, or the man who will conserve the Nation's parks and forests, instead of their useless destruction would be assigned to this class, it were better for him to have referred to the wanton extermination of wild game in the African judgles a brutal and imperialistic manner, or in the reserves of wooded hill, vale and mountain as retarding humanitarianism; or to the finny tribes of our fresh water lakes and rivers, and birds of the air who sing their praises during certain periods of the year, as coming within the category outlined by this member of the President's cabinet who gave utterance to his foolish and ill-advised statements. We will admit that this cabinet official had reference to conservation of the forests and coal deposits in his untimely remarks, but it serves as a comparative illustration in the economic values of all these resources.

What would be said of us as physicians if we were derelict in trying to suppress or exterminate smallpox, tuberculosis, syphilis, pellagra, cerebro-spinal meningitis, anterior poliomyelitis, cancer, leprosy, uncinariasis, beri-beri, typhoid, cholera, ophtalmia neonatorum, et al. in our effort to conserve human life?

Should we be classed as demagogues, fanatics or sentimalists, according to this public official's views in other conservation matters, because our heart, soul, best endeavors and energy is for conservation of human life, and the preservation of the happy homes of this fair land? Does not conservation in any direction that is good tend to permanent stability, national unity and prosperity as well as increase additional strength commercially. If so, let us take our chances and crusade under this banner of reform and conservation human life saving problem.

In this respect I am impelled to state that this proposed Department of Health should have a certain degree of control over various "cults," necromancers, chiropactics, "sereeses," "faith healing devotees" and other zealots and shameless deceits upon the broad domain of altruism and scientific medicine, as the later is never in fear of impeachment.

As already intimated, this problem of conservation of human life will also apply in other directions: To the department of agriculture, which formerly was a bureau, and reclamation of the public domain; to the farmer who tries to save his crops; to

the merchant when he discovers that the assets of his business are on the wrong side of the ledger; to the woodman "who will spare that tree." Indeed comparisons could be added by the score. Are these gentlemen be classed as sentimentalists, fanatics and demagogues, plus having hysteria? Or, on the contrary, are they expected to place their belief among some of the "shams" or "cults" above mentioned, and thus permit the physical condition of their health, property, or business to suffer, or become dissoluted?

In my opinion therefore what our government next most needs, is a coherent ably managed new executive Department of Public Health.

Regarding the economic viewpoint of the preservation and prolongation of human life, other writers more able to do so, as well as myself, have heretofore called attention, and therefore is not within the purview of this address; beside this, time will not permit my doing so in this essay. Among the numerous reforms this department should bring about, or at least have surveillance, aside from what the writer has heretofore stated upon this topic, are those "cults" who not unfrequently receive large pecuniary consideration, perhaps from some unsuspecting confiding mother, whose child may be critically ill, or suffering unnecessarily from disease, or is but temporarily indisposed, due to a minor enteric disorder. Do these "pretenders" know anything about anatomy of the human foundation? When one of these "pseudo-godlike" individuals reading aloud from a book will say to her, "If you are right believe me, there is nothing wrong with your child, it would be a shame to summon a physician, and a crime to administer medicine to your little one" or make use of other sinful, shameful brazen statements. The instinct of the dumb brute creation to her offspring is never so barbarous or heinous. It is for little children therefore, that this portion of this essay is especially directed.

Whereas, if a competent physician were summoned, a palliative, or perhaps advice regarding the child's diet, or that pertaining to its warmth, raiment, etc., would afford the much sought for relief and prove to be all that was necessary.

And speaking of diet, this class of "cults" are long on this proposition, hence I fancy very few of them know little regarding proper food for an adult invalid, much less than that for an infant. Would they advise a prescribed or restricted diet for a case of typhoid fever, Bright's disease, diabetes, etc., or with them there are no such maladies, nor any other disease, but aphobia or fear of disease.

Let us proceed a step farther, for as above stated this portion of my address is for the welfare of the little innocents born to us. The child may be teething or possibly complains of sore throat or has been exposed and threatened with scarlet fever, diphtheria, measles, pneumonia, etc., one of these "faith healers," has been summoned and proceeds to read aloud in anticipation of a fee, never losing sight of this (mercenary) pecuniary reward. Will that reader prevent the child's condition from growing worse? A case in illustration: Less than one month ago this writer had the experience of treating a severe case of post-nasal diphtheria in a beautiful child, aged 15 months, which very nearly succumbed, due to the fact of one of these beacon light faith healing cults administrations for two days previously; the little fellow in the meantime was gradually becoming more dangerously ill. Gentlemen, antitoxin snatched this little child from death, saved the parents untold anguish, and the service of an undertaker.

I mention this instance of recent date, which many of you doubtless have had similar experience, believing, if treatment had been delayed another day the child would have perished, and in doing so I trust parents will heed our suggestion. An operation for appendicitis may also come within this category of illustration and save a child's life.

Let the pendulum swing in another direction. The following crude but practical illustration is suggested. Can any oue of my hearers imagine that no temporary discomfort, to state it mildly, would follow while one of these omnipotent individuals was pursuing his or her avocation as a reader, were they to occupy a chair with the point of a pin turned the wrong direction, and thus "make believe" that no pain was inflicted upon them. The same illustration will apply to a case of tic dolereux, viz., absence of pain, nonsenical indeed, is it not?

My honest belief is there is not as much science about this class of cults, or I may say "ists," who know nothing of the anatomy of the human form, of surgery, chemistry, physiology, or how to use the microscope, as there is in palmistry, or astrology. Although not all of us may share alike in this opinion. The writer does not believe in any of these displays of practice cajolery, or pretended skill to the exclusion of scientific medicine and sanitary science. Nor can this article be construed in any sense as a satyr, or an attack upon truth,

nor that which is genuinely holy. But my message to little children, that there is a much better way many times to restore you to health. Does not sacred history teach us, "And a little child shall lead them," hence this unnecessary human slaughter and waste of innocent lives must stop, as it is little less than criminal charlatantry practice.

How is this majestic opportunity of health preservation to be brought about by our government? This can be done in part by asserting our professional dignity; by electing men of caliber of American statesmanship to our National legislature who are progressive in public health topics, and not be guided for a selfish purpose by those who oppose said department. Men who have heretofore been honored by election to our Nation's legislative halls, and other prominent offices "higher up," must be consistent and not use their official positions to advance their personal aggrandizement. They must be big enough, great enough, honest, independent and competent to resist the ostensible, or lenitive influence of the group of cults of sectarian order, and accept the judgment of educated high-minded men of a noble profession; (that will be protection of home industry to a superlative degree.)

This leads us to glance at the "interests" as they are called or those, who at present are opposing a Federal Department of Health, aside from certain gentlemen in our profession who (at least) have heretofore opposed it, are "the faith healing devotees." Note also the attitude of "the National League for Reform." Reform what? may I ask. The chiropactics, magnetic healers, optometrists, "neoplastic" "beauty doctors," and shall I add the chiropodists, osteopathists, hypnotists, theophists, or whatever sophists and medical fakirs possessed of omnipotent or psychical influence?

There is a later association arrayed against this proposition, as it is also antagonistic to this association, the American Medical Association and all others who dare to proclaim medical science, I dislike to mention the name; first, because I believe it originated in my city, and secondly, because of the dignity of advertising same —it is called "The National Association of Independent Doctors." Just what esoteric medical science they possess is unknown. Please take cognizance also of the alignment of various patent medicine manufacturers and other similar frauds who are against this project. Do these "interests" know anything about pathogenic bacteria or bactericidal infection? A certain class of midwives and the hordes of quacks omniscient in their power to cure the afflicted without medicine or knife, and similar vendors of occult or hidden knowledge are also arrayed against the measure. (May a kind Providence save us and the people in future from these various "isms.")

The probable way therefore to get legislation next winter looking toward a Federal Department of Health and a medical scientist in the cabinet is to elect congressional candidates in November who will explicitly pledge themselves to this measure. This can be done in various ways during the coming campaign in no nugatory manner. Have candidates sign a written specific pledge, and then watch them to see that they redeem their promise, by using all proper influence favoring this proposed new department, elect men of integrity who are not of the Czar, Sultan, Kaiser or "boss type" of representative in either house of congress, and if they do not make good repudiate their action.

Would that there were more statesmen today like Washington, Jefferson, Franklin, Jackson, Hamilton and that matchless martyr, Lincoln, at the City of Washington to aid our present chief executive in bringing about this greatly desired portfolio, although President Taft, his immediate predecessor nor either of the two great and oldest political parties have ever yet declared for a National Department of Health.

We do not ask that a bureau of health shall be imposed upon the people, but a Department of Health must be our slogan, which men of our profession like N. S. Davis, C. G. Comegys, Joseph M. Toner, James L. Cabell, John B. Hamilton, Jerome Cochrane, Nicholas Senn, Hunter McGuire and a thousand other of America's great teachers in medicine endorsed and advocated.

We do not desire the endorsement of any dynamic itinerant ego, unless such person announces in no ambiguous manner that he favors such department with a medical expert in the cabinet.

Many reasons can be advance why such department should become a reality.

Classification of disease, nor vital statistics cannot be declared accurate under the present incoherent, incongruous methods of subordinate bureaus, that are attached to various other departments, as the treasury, war, agriculture, navy and interior departments as at present exists.

Through this department I believe a more critical study of sociology and of social

problems, or social pathology and psychiatry and the ills of society would be made. In a word, that which pertains to eugenics and evolution of the human race by the establishment of a general patrol system, if I may be permitted to coin this expression, there would be greater adequate capacity, less mental hebetude and less bankruptcy of the resistent cell, as it is termed.

In advancing the views in the foregoing pages, it is not with the thought, that any of the present so-called "isms" or "ists," are worth serious consideration so far as permanent results are obtained. Nor is there a spirit of revenge, nor according to the vernacular, that of "sour grapes" lurking within the bosom nor in the mind of this writer in promulgating said views. My first thought upon this subject, for which I am on record, goes back more than 25 years ago. Hence, I say, legislation for this department by our trustees or representatives, is for the general welfare of all the people, and far more dignified than doing so for "privileged" ones, or for useless dredging of "mud creek," sandy rivers, and lakes only to be refilled by same kind of material; or where millions of appropriations of the people's money is made to study bugs, beetles and swine, to say naught of increase of salaries of public officials who misrepresent us, defraying expenses of unnecessary junket trips, etc., as is frequently done.

The charge which has been made by the opponents of this department, that a medical trust will be created is too absurd to warrant denial. On the contrary, I maintain that the faith healing devotees are trying to organize the whole people, which is equivalent to a trust by eliminating the physician, as instanced in Boston, New York, Philadelphia, Chicago, Los Angeles, and at numerous other municipalities, and doubtless the same conditions prevail in the city of Detroit.

If Germany, France and other European countries have their imperial departments of health; Mexico with her superior board of health; Canada with what is equivalent to a minister of public health, and Cuba with her department, and a physician in the President's cabinet, then in the name of the pepole of this country, why should not we have legislative action (and not words) creating such department?

The adoption of a resolution along this line by this association before adjournment will be an omen of general good and assist our law-makers at Washington not to longer disregard our views.

These reforms are not extreme nor drastic; but on the principle, that the deforested hills should be protected within reason. By this I do not intend to convey that the primeval wilderness should perpetually remain unmolested, but on the broad principle of the reclaiming of barren lands and saving the public domain from spoliation and reckless waste, when it can be done by irrigating streams.

Is not this and all that pertains to human life worth conserving, and bestow this heritage to posterity and for the generations to succeed us? It means better boys and girls, better men and women, and a greater nation.

And lastly, when said department has been created by the wisdom and grace of congressional action, which we hope to have assisted in a modest degree, permit not the appointment or selection to be made of a cabinet secretary of public health solely for political preferment, rather than subordination of special merit and qualification in every detail; including his ability as medical scientist in the fullest acceptation of all that this term implies, diplomacy and executive capacity included. When this is accomplished this Nation will be the foremost educator of training its boys and girls for ideal citizenship, when this golden opportunity is accomplished it will be a most colossal department, capable of rendering the greatest amount of good to the greatest number of happy people, to the millions of this best governed in many respects of all nations, and thereby the prospects of longevity of man, ideal citizenship and posterity will be greatly enhanced, for which the medical profession will stand as sponsor.

By so doing our country will be the elysian and most delightful place to dwell throughout the universe; and in time this department will be Utopian, ideal or chimerical, and we shall become the proudest and most sublime republic under that beautiful starry emblem of liberty and our constitution, the preamble of which so wisely provides "that Congress shall legislate for the welfare of the people."

92 State street.

Keeping out Hindus.—The determination that a large proportion of the Hindu immigrants are suffering from hookworm disease may be the means of stopping the influx of these people. The Hindus have been arriving in San Francisco recently at the rate of 300 a month, somewhat to the consternation of the residents of the Pacific Coast.

IS THE CONCEPT OF LIFE INCLUSIVE OF METABOLISM, OR IS EPIGENESIS IN FORCE, AND IN THE INCLUSION?

JOSEPH CLEMENTS, M. D.
WICHITA, KAS.

This is not a merely curious question, nor does it, at first blush, answer itself. For life has a physical basis in the living matter, and the expressed "notion of a substance in which the notion of life is included" adds force to the suggestion of the query. And when to the "notion" just stated it is added that this "is applicable to the soul. The psychic whole is not only immanent in its parts and functions, but also transcends them, and is so far substance" (Dr. Schwartzkopff), the character and exactness of the first notion is of prime importance as a question.

Assuming that life in abstract and in the concrete may be so designated, and abstracting life as a notion from the concrete other than in its mere relation with the substance, its base, life in its simplest terms is expressed as "physiologic respiration." Protoplasm, or bioplasm as the more exact word, continues or maintains its continuing existence by that power of life.

Physiologic respiration—whatever be included—exclusive of cell formation and proliferation, accounts for the perpetuation of life in the germ or seed. But for how long? What is the tenure of life in germ. Life in the concrete, and as an organism, has its limitations, and these are determinable largely by its environment. What are the limitations as to the seed—the notion of life exclusive of the organic other than the mere physiologic respiration? The story is discounted of the seeds in the mummy hand growing to plants when put into soil. The writer put seeds away a decade ago, to be planted a hundred years hence. The Agricultural Department at Washington has seed labeled for planting 5, 10, 20 or more in the future; why not extend the years to hundreds?

In our haste to know it may be enquired what is involved or comprehended in "physiologic respiration?" The point in question is, is the continuance of bioplasm—living substance—without increase of intracellular mass, or cell or tissue formation in the organic possible? A given amount of radium will exhaust itself in an approximable given time; the element itself is expended in the radio-activity. Does life activity in physiologic respiration use or exhaust anything? The idea of respiration includes the notion of motion, and motion is inconceivable apart from bodies and space; and unless the designation "physiologic" renders our phenomenon exceptional, unaccountably so, physiologic respiration must involve metabolism, at least in the catabolic phase. Admitting this, tentatively, the point raised is, as to the energy in activity; and what is catabolized—if anything is—or is the energy static here?

No facts of which the writer is aware evidence the use of the living matter itself in the formation of new bioplasm—this is the role of the nutrient proteid, and constitutes it the "greatest marvel of the product of plasm" in these millions of years of the existence of life on the earth and not the nervous substance, as Haeckel thought. In the metabolism of the nutrient substance—which is in atomic and molecular conformation—increase of intracellular bioplasmic mass is evident; this followed by the coming into entity of tissue structures. In this phenomenon the atomic and molecular constitution of the proteid, is irretrievably lost, being no longer determinable chemically. Nor are the tissue matters, newly in entity, determinable as a rearrangement and constitution of the erstwhile molecular formed nutrient substance, and simple or pure chemistry is incompetent in interpretation here. All of this, however, is of an advance stage of life activity, and only included potentially in life in germ, or physiologic respiration, and never coming to organic realization save in reaction with the cognate environment—hence the one in a million of fish spawn in survival, and the half dozen, more or less, of the 70,000 ova of a mature maiden (Haeckel) coming to development in married life.

The question of metabolism as inclusive in the simple notion or concept of life, is not facile of answer. However, the facts indicate a relation of association, not connection of life with the substance in base. Radio energy as a property of radium may include the notion of connection in immediacy, since it exhausts its substance, this, however, is not so of life and the living matter. That life is simply a property of a substance of a certain synthesis and character, the facts do not well, if at all, sustain. Gold has not as yet been transmuted from the baser metals, nor has the combination of the elements, with the methodology, which form diamonds been discovered. Neither is it any more to the discredit of science, or a bar to its progress, to recognize the like or cognate facts in regard to the problem of life. And, indeed, such recognition of these vital facts may suggest a

needed conservatism in the proposition of synthesis of food and other living things.

No scientifically observed and approved facts evidence the identity of life and its physical basis, even allowing that the notion of the substance as we find it may include the notion of life, because it was not always so. Billions of cosmic years elapsed and no substance included the fact or the notion of life. It is an intelligible notion that at the right point in time, and conjuncture of cosmic things, the first germ of life should and did arise. And what was the content of the origination? Not a new element or cosmic factor, like in kind and category with that which had been and was; but a new increment in cosmic being. Two chemical elements are combined and another, a different something is formed. Not a third element or ultimate thing, but a new and different presentation of the heretofore discrete things. May not a thousand cosmic entities combine in the oirgination of life, an "incarnation," with physical basis in the germ-plasm! after the manner of John Fiske's "infinite accumulation of minute peculiarities," though the notion of life must include something more truly entital than "peculiarities" to effect any relation of association with a physical substance.

To be sure, life is never found apart from its physical basis—that is to say, in physics or chemistry. Little wisdom goes with the asseveration, however, since what could be found on that basis? and there is no other on which to "find" or "found" here and now—as well try to coral John Fiske's peculiarities.

Physiologic respiration is recognized and to a degree evidencible; not, however, as is the substance in respiration, the two notions are not identical, nor does the one include the other, so as to destroy or render nil the entity of the other. Moreover, that the germ in respiration must find its own environment as conditional to inauguration of the organic phenomena leaves place and possibility for and need of something more than substance including the notion of life; there must be also the notion of the potential in the epigenetic in the directional of the processes to the realization of the organism in purpose. The dual notion here in discussion, and in demurrer as competent in interpretation of the life problem, is in such discount as to still further disable and discount the tenability of its applicability to the soul; and also in demurrer to the notion of "The brain the organ of the mind."

A NEWER CLEANLINESS.

A. L. BENEDICT, M. D.

BUFFALO.

A time honored definition of dirt is "matter out of place" and, until a quarter of a century ago, cleanliness was based on love of order and esthetic regard for the senses. The modern conception of dirt is of something harmful, which has no proper place at all, rather than of something out of place, and the harmfulness of dirt is due in most instances, to the actual or potential presence of germs.

From ancient times, the words clean and unclean, have been used in a special superstitious or ritual sense, in allusion to certain animals as the serpent and the pig, to disease and death as well as to various other objects and processes exciting fear or disgust. While probably ultimately due to actual experience of harm from unclean things, this superstition, like superstitions generally, has exaggerated conclusions from indiscriminate observation, and has no bearing on the modern conception of cleanliness.

Most religions have inculcated the duty of cleanliness, although various forms of uncleanliness have received commendation as examples of self-sacrifice. In the dark ages, Christianity developed many phases both of uncleanness and of uncleanliness. Not only were vows of perpetual filthiness regarded as marks of sanctity, but the extreme veneration in which the dead human body was held,converted churches into charnel houses which often spread contagious diseases. To such disgusting extremes did the idea of self-sacrifice lead, that it was even considered a mark of piety to drink the water in which the wounds of sufferers had been bathed.

The newer cleanliness is based on a hard headed application of bacteriologic and physiologic facts to human welfare. Only in this sense is it akin to Godliness. It is esthetic only as that which is wholesome may be considered to fulfill the highest requirement of beauty and, indeed it often offends the conventional artistic sense by this ruthless insistance on renovation and destruction. It is not even marked by a love of order, except as facilitating the systematic carrying out of details. To visible and conspicuous objects that arouse disgust or that seem out of place, it pays less attention than to invisible objects of demonstrated danger.

It ignores a polywog, hair snake or cyclops in water, but directs all the powers

of sanitary engineering against the typhoid bacillus which is not only of microscopic size but so sparsely distributed that only in a few recorded instances, has it actually been detected in water known to produce typhoid in the community drinking it. The newer cleanliness pays little attention to a bad odor, realizing that strong smelling waters are often pure, even possessed of slight remedial action, that sewer gas is practically never sufficiently concentrated to do harm, although it may be useful to point to a defect in plumbing. Even decomposing animal and vegetable material is known to be of little danger provided it is not actually swallowed and, indeed, offensive germs of decomposition are often utilized in septic tanks to destroy disease germs. From the standpoint of the newer cleanliness, Hamburg (Germany) has one of the best water supplies in the world, yet this water is simply the filtrate from the Eble River, which is practically an open sewer, and its original contamination is still demonstrable chemically and suggested by taste.

The old-fashioned housewife swept under the beds and picked the dirt from cracks and crevices, from a sense of thoroughness; the modern household sanitarian, because dirt in dark places is not subjected to the germ-killing action of sunlight and because, the longer dirt remains undisturbed, the more likely is it to become contaminated with germs. If pressed for time, the former swept up the dirt that showed, the latter cleans the hidden places. It must be confessed that, for a few years after bacteriology emphasized the necessity of destroying germs, to the surgeon, physician, sanitarian and dietetician, the attempt was made to do so by the easy way of directly applying some antiseptic. But it was gradually learned that this method was dangerous and inefficient and, in the long run, more expensive and troublesome than a modification of the methods of cleanliness long used by the conscientious housewife, to prevent the entrance of dirt—including germs—to remove it bodily, to utilize the purifying action of fresh air, sunshine, soap, water, fire and boiling temperature.

It is only about thirty-five years since the surgeon made any attempt to prevent the entrance of germs into a wound. At first he resorted almost entirely to chemical antiseptics but during the last half of this period such means have been almost discarded, except for the last finishing touch. Working in a room of tile, cement and glass that can be flooded to keep it clean, smooth shaved, even to the arms, scrubbed to a degree of cleanliness hither to un known, encased in freshly washed and ster ilized garments so that only his eyes and nose show, sometimes even breathing through sterile gauze, with the area of operation scrubbed and shaved and surrounded with antiseptic towels, he picks, with rubber gloved hands, his instruments from the basin in which they have just been boiled or sterilized by dry heat and makes his incision with confidence that only a small number of comparatively harmless germs can have eluded his quintessence of housewifely methods of cleanliness.

Even in strictly medical matters, it is only in a few instances that the physician directly attempts to destroy or cripple germs with drugs. So far as possible, dirt, meaning now, any kind of germ-infected food and drink is excluded. Teeth are ordered filled and cleaned, not so much from esthetic motives or to preserve them for the physiologic process of mastication, as to prevent cavities in which germs my breed. Large tonsils and nasal obstructions are removed for the same reason, even when giving no direct trouble. Cleanliness of the mouth, nose and body of the patient are no longer regarded as details of nursing, for the patient's comfort, but as valuable means of preventing subsidiary infections in typhoid, tuberculosis and other diseases. The physician who employs antiseptics to treat fermentation and putrefaction in the alimentary canal is ridiculed by his fellows. Instead, foul masses are evacuate bodily, the canal is allowed to remain as empty as possible for a few days, cavities, even at a distance from the surface, are washed through rubber tubes and, in the washing, soaps suds and modifications of scrubbing brushes are by no means unknown. Even in the case of infections diffused throughout the blood and other fluids of the body and its tissues, direct antiseptics are used in few diseases, but various means are employed to stimulate the white blood cells to perform scavenger duty in removing the invaders, picked up one by one.

The sanitarian also depends largely on ordinary principles of cleanliness, one might almost say decency. We are just reaching the point in which the legal right of one man or community to discharge filth into the water supply of another is beginning to be questioned. Formerly, there were comfortable rules as to the distance or time in which running water would purify itself. No one troubles to remember these rules now, they are so unreliable that actual tests are necessary in each case, to determine the actual state of

the water. Pending state and national supervision of sewerage and water supply, it devolves upon the isolated family, or city, to protect its own health as best it may. Here too, the methods of protection are those of cleanliness rather than of chemic, electric or other treatment of water. First of all, filth is excluded if possible, by control of a water shed; if not too turbid, water is best purified by filtration through thick layers of sand which is, from time to time, washed with the water which has passed through it; if for any reason—usually political and economic objections to filtration plants—the water supply of a city remains polluted, it can still be rendered harmless by boiling.

In the case of food, the people are becoming more and more insistent on their right to fresh, clean, germ-free articles. While still allowed and possibly even allowable, antiseptic measures are much restricted in favor of cleanly methods of preparation, rapid transportation to reduce the spontaneous action of germs of putrefaction and fermentation, refrigeration and, when necessary, destruction of germs by boiling and hemetic sealing. Already, without legislative requirement, the better groceries advertise that their fruits and vegetables are inside, where they will not be contaminated by street dust, whose disgusting and dangerous composition, especially with regard to dry sputum which may contain the germs of diphtheria, pneumonia and tuberculosis, is obvious. Canneries, abattoirs, dairies, etc., of any importance, almost universally expose their interior discipline in the way of cleanliness, to public inspection. Confectioneries, hotels, restaurants, etc., are already more or less subject to official inspection and, solely as a matter of business competition, those of the better class would undoubtedly cooperate to render such inspection more general and more thorough.

One of the most insistent demands of the newer cleanliness, already mentioned, is the paramount danger of concealed and inconspicuous dirt. The recommendation that a thing "will not show dirt," once a powerful argument in making a sale, now appeals only to the most slovenly and is justified only in the case of harmless, strongly colored "matter out of place." The sternest requirement of modern sanitary science is that dirt must show as plainly as possible and, showing, must be eliminated. It is almost solely for this reason that the newer cleanliness concerns itself with innocuous dirt which may later become mixed with dirt in the true sense or may be an obstacle in the search for the latter.

Even the "pizen neat" housekeeper, was inclined to the complacent view that certain persons, things and places must be dirty as a vicarious sacrifice to the cleanliness of other persons, things and places. The newer cleanliness accepts this sacrifice only as a momentary, inevitable evil. Only recently, the public ridiculed the idea of clothing street cleaners in white uniforms. The words scullion, dishwasher, scrubwoman, milkman, still imply personal uncleanliness though we already recognize that these represent, beyond all others, the vocations in which personal cleanliness is most necessary to the welfare of the community. And with the knowledge that dampness and organic matter favor the growth of germs and that sunlight and oxygen kill many, perhaps most germs, we have quite outgrown the complaisance with which we formerly regarded a filthy mass of "cleaning" rags, thrown into a dirty, dark closet.

Of importance secondary only to germs themselves, are the small, ungovernable, moving forms of animal life which may distribute them. The Spanish-American and the Boer wars spelled out in costly letters of human life, the lesson that flies, passing from latrines to kitchens, were not only an indecency, but a means of carrying typhoid. The water bug crawling from sewer to tooth brushes, towels and food may convey the same infection, a flea bite may implant pus germs, a bed bug those of tuberculosis. These are not imaginary dangers, but are substantiated both by clinical histories and by exact bacteriologic study. In fact, any kind of germ may be conveyed by almost any kind of vermin.

In certain instances, the carrier has greater importance than the germ, as when the latter must pass part of its life cycle in an insect or fish, or other non-human animal or must be introduced through the skin. Yellow fever and malaria are thus introduced, each by its special form of mosquito so that not only are window and door screens specially important accessories of the newer cleanliness but stagnant water in which mosquitoes breed must be regarded as "dirt" to be purified by crude petroleum or bodily removed by drainage, or to be kept covered like garbage cans, to prevent the visits of insects. Plague is disseminated largely by rats and certain other small animals and is reintroduced into human beings by their fleas. In such a case, for obvious practical reasons, the newer cleanliness is forced to deal, neither with the germ

nor with its insect carrier but with the secondary carrier.

Thus, the newer cleanliness regards vermin, whether of the body, clothing, bed or house, not merely as evidences of untidiness but as sources of danger. Whether this danger is imminent or not, everything possible should be done to prevent their access, to eliminate nooks favorable to their hiding, to cover or remove garbage, stable refuse, etc., on which they may feed, and to exterminate them. The newer cleanliness even looks askance at certain birds, as the English sparrow, hairy pets like the cat, dog and rabbit, and, in crowded centers of population, at larger and more useful animals, such as the horse, cow, and pig, because they may accidentally carry germs and because, especially in confinement, they may actually develop infectious diseases. Many a stray cat bespeaking sympathy, has diphtheria; tuberculosis is especially common in rabbits and cattle; and dangerous types of worms, infecting the body generally, are carried by dogs.

The newer cleanliness goes farther in demanding the right to protect human beings from actually diseased or filthy members of our own race. For centuries the segregation of lepers has been practiced and for many years, the quarantine of persons sick with several acute contagious disease, such as smallpox, scarlet fever, measles and diphtheria. We are beginning to demand the reporting of tuberculous cases and some restriction of the movements of consumptives. Quite recently it has been shown that certain individuals, long after recovery from typhoid fever, harbor the germs and may cause local epidemics as well as general insidious contamination of their environment. It is only an extension of well recognized rights of the community against the individual, to demand the restriction of liberty of any person who may infect another, without regard to the nature or degree of disability entailed by the disease.

Compulsory cleanliness of person and garments, both as a matter of decency, of individual health and of protection of associates, has for a considerable period constituted an important part of the discipline of all penal institutions and those for the care of the defective classes. It is a short and a logical step from the compulsory cleaning of a person arrested because he has no visible means of support, to the recognition of uncleanliness not only as a menace to society but as a handicap to the obtaining of work and the preservation of health and, thus, as a direct reason for arrest and correction.

Quite apart from danger to others, it is obvious that the man whose face is free from dust catchers and whose hair, clothing and skin are frequently cleaned, undergoes a reduced risk from the accidental introduction of germs through the mouth and nose or through minute abrasions and cuts of the skin. Moreover, ignoring the direct action of germs altogether, a clean, active skin, supplements the work of the lungs and kidneys in removing waste products from the body, and renders its possessor much less likely to disease of any kind, notably, "colds" trivial in themselves but liable to result in serious inflammations not only of the respiratory but of more deeply seated organs.

The newer cleanliness probably involves no more labor in the aggregate than the older conception founded on esthetics and order, but the clearer appreciation of the penalty of uncleanliness and the ever-increasing difficulty of securing cheap labor, require systematic co-operation in fighting dirt, that the efforts expended in one quarter may not be nullified by carelessness and ignorance in another.

So far as possible, therefore, dirt is attacked at its source. This principle applies not only to the care of infectious diseases but to sewage, garbage, stable refuse, street sweepings, refuse from all sorts of industries, especially those involving acumulations of animal and vegetable waste. So long as these accumulations of dirt are kept in conspicuous masses to which insects, rats, etc., cannot gain access, they are easily amenable to destruction and, in many instances, have a commercial value as fertilizer or even for reclaimable ingredients, as fat. Even dirt in the sense of matter out of place, as waste paper, smoke, etc., comes under the attention of the newer cleanliness not for esthetic or directly sanitary reasons, but because such dirt complicates and distracts attention from the problem of removing dangerous dirt, because by mixture with the latter, it increases the bulk of dirt in the modern sense and because, by preventing direct exposure to atmospheric oxygen and sunlight, it prevents the action of important spontaneous means of disinfection.

An abundant supply of water, that is itself, clean in the modern sense, is almost essential to proper cleanliness, not merely because water is commonly used in ordinary cleansing operations, but because free flushing of streets, waterproof rooms, etc., is a labor-saving device and because dry dirt is much more likely to be disseminated and to lodge in inaccessible cracks than damp dirt.

The architecture and furnishing of buildings may be planned to facilitate cleanliness. Carpets, draperies, etc., retain a great deal of dust and, in course of time, this dust almost inevitably includes disease germs. Twenty-five years ago, even the operating rooms of hospitals were commonly finished in soft wood with many opportunities for the collection of dust and even grilled doorways and plush curtains were not unknown. At present, aside from the rigorous sanitary requirements of hospital architecture and furnishing, carpets and draperies and dust catching ormentation have largely diminished in public buildings and conveyances of all kinds and, even in dwellings, hardwood floors, with rugs much more susceptible to cleansing than carpets are in vogue, varnished or leather covered chairs, have largely supplanted upholstered furniture, heavy hangings for windows and door ways are much less common, especially in summer when more dust is admitted than in winter, and there is a tendency to a dignified simplicity of surface and contour, both in wood-work and fixtures.

Moreover, while the housewife originally gave the hint that led to cleanliness rather than attempts at chemic destruction of germs, her methods have, in turn, conformed somewhat to the requirements of sanitation based on bacteriology. The feather duster, brush and broom which tended to scatter dirt in invisible particles have largely given place to the mop, damp cloth and vacuum cleaner which remove dirt with a minimum of dispersion.

An important difference between the old and the new cleanliness is that, so far as practicable, the latter aims at continuous action both preventative and curative. Every important source of dirt, whether directly harmful or not, is, so far as possible, restricted, so as to provide for efficient retention and frequent removal for ultimate destruction or conservation without dispersion. This preventive principle applies to smoke, ashes, waste paper, garbage, stable and street sweepings, industrial refuse, etc. In one form or another, the general principle of filtration is applied at portals of entry of water, air and even of carriers of dirt. Window and door screens, cloth tacked across cold air boxes of furnaces, or across the lower parts of windows are obviously filtration devices, but the stoppage of rat holes and the removal of rubbers which may carry infected sputum as well as mud, equally belong under this general principle.

Practically continuous action in the removal of dirt has also gained in favor. It is within the memory of the present generation of adults that anything more than prudishness made one hesitate to mention "bath night," and we still speak without shame of sweeping day and house cleaning season. Only recently has continuous daily scraping of streets and nocturnal flushing been practiced. In the near future, there will be no stated times for cleansing either the body, the house or the city; so far as possible, our motto will be, not get clean, but keep clean.

A BUSINESS DECALOGUE.

Thou shalt not wait for something to turn up, but thou shalt pull off thy coat and go to work, that thou mayest prosper in thy affairs.

Thou shalt not be content to go about thy business looking like a loafer, for thou shouldst know that thy personal appearance is better than a letter of recommendation.

Thou shalt not try to make excuses, nor shalt thou say to those who chide thee, "I didn't think."

Thou shalt not wait to be told what thou shalt do, nor in what manner thou shalt do it, for thus may thy days be long in the job which fortune hath given thee.

Thou shalt not fail to maintain thine own integrity, nor shalt thou be guilty of anything that will lessen the good respect for thyself.

Thou shalt not covet the other fellow's job, nor his salary, nor the position that he hath gained by his own hard labor.

Thou shalt not fail to live within thy income, nor shalt thou contract any debts when thou canst not see the way clear to pay them.

Thou shalt not be afraid to blow thine own horn, for he who so faileth to blow his own horn at the proper occasion findeth nobody standing ready to blow it for him.

Thou shalt not hesitate to say "No" when thou meanest "No," nor shalt thou fail to remember that there are times when it is unsafe to bind thyself to hasty judgment.

Thou shalt give every man a square deal. This is the last great commandment, and there is no other like unto it. Upon this commandment hangs all the law and profits of the business world.—Graham Hood.

Dr. W. B. LaForce has removed from Keokuk to Ottumwa, Ia.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

The Problem of the "Independent" Medical Society.

The perfected organization of the American profession in the American Medical Association seems to leave little to be desired in the way of medical organization. Granting that this great organization is properly conducted, there seem to be but two legitimate reasons for the existence of societies other than those aligned with it: there is an excuse for highly specialized bodies or those who have none but scientific interests, and there is also an excuse for the organization of societies by those who, by reason of local prejudice and other influences, are unable to gain entrance to branches of the A. M. A. Those who would find a third reason for the existence of other medical organizations find it in their disapproval of officials or official actions in the A. M. A. If one disapproves of either the officers or actions thereof in the A.M.A. events have definitely developed the fact that there is but one place to remedy the matter and that is right in the association itself; there is no longer any probability that any competitive body will ever develop so much of strength as to compel reformations in it, reforms must be worked out within its own body if they are needed, and it is well to come to recognize the fact.

But America is studded with societies which are not branches of this great association, which are doing but mediocre scientific work, which seem to have no particular mission. The time was when these bodies occupied an important position, they were, some of them, competitors in fact of the A.M.A. But conditions have changed, the term "independent" is misapplied when it is associated with them, for they appear to be more under the domination of the officialdom of the A. M. A. than are the recognized subsidiary bodies of that association; they take no definite stand until inspiration has come from headquarters, and their action would convince one that the source of inspiration is invariably just correct. This means that the independent medical society has lived to the limit of its usefulness, and that it is but a matter of time when its earthly existence will end. A body which feels no definite mission other than the scientific mission which can be more effectively conducted under the wing of the national body should give up the ghost. The time was when we believed in the independent society as a safeguard of medical liberty, and it is only after repeated disappointment that we have come to classify them where they belong. With many another we feel deep regret that organizations, in which we have felt pride and for which we have held great hopes, seem to have come to the ragged edge and are most evidently facing dissolution. We can see no reason why they should not have continued to flourish. We believe that there is abundant room for them were they but content to live in their own individuality. They are certainly in a fair way to get what is coming to them, and they have invited their fate.

Whole-heartedly though we believe in the American Medical Association, we none the less believe in healthful competition; we would welcome evidence that one or another of the enfeebled bodies, which live in the memory of their glorious past, might awaken to strength and energy and usefulness.

"606" Again.

Unquestionably the most important subject occupying the medical mind at the present is the new treatment of syphilis by the arsenical which has been called "606." It is not surprising therefore that medical editors are devoting more attention to the subject than to any one other. In our last issue we spoke with some misgiving of the patenting of this agent and our expression has brought a degree of reassurance. We can readily appreciate that it is necessary that there be some definite control of manufacture of an agent so potent for good or ill, and unless some intervention of higher authority intervene that that control is best given through the patent offices of various countries. If, as we are informed, the fact of patents is not to be made the excuse for a price prohibitive in the vast majority of cases, we are distinctly in favor of such patents. The patient must be safeguarded against those manufacturers who are incompetent to prepare an agent of this kind. But we are no less of the mind that the remedy might well be under government control, in both manufacture and distribution, than

we were a fortnight ago. Of course we recognize that such a proceeding is quite out of the line of duties laid out by our government for itself, but never before has quite the same situation presented itself. If there should ever develop the least hint of oppressiveness in the matter of price in a remedy holding such possibilities for good, governments should step in and at least end the protection which makes it possible.

We are informed that a very modest price is to be asked for "606," that it is not an expensive drug considering its effectiveness, and that we may expect to know all about it and be personally using it within the next three months.

Mistaken Diagnoses.

Every physician who has had experience knows of personal failures in diagnosis, and each failure discovered adds to his strength. We have felt not a little interest in reading a paper on this subject by R. C. Cabot,* who summarizes the results of a large series of comparisons between the judgments arrived at by careful study of clinical data and the anatomic conditions revealed by necropsy. In the tables he gives, he divides the mistakes into errors of omission and commission. By the former, meaning failure to find some lesion contributing to the disease, and by the latter diagnosing something which is not found. He draws certain conclusions from his investigation which are summed in substance as follows: 1. Never make a diagnosis of uremia in a patient seen for the first time in an acute illness characterized by coma or convulsions. Such diagnoses rarely turn out right. 2. Never diagnose ptomain poisoning without definite chemical evidence. General peritonitis or a tabetic crisis is usually the correct diagnosis. 3 Make no diagnosis of hysteria, neurasthenia or psychoneurosis in a patient whose symptoms begin after the forty-fifth year. The actual diagnosis is liable to be arteriosclerosis, hyperthyroidism, dementia paralytica or pernicious anemia. 4. Diagnoses of certain malaria in patients resisting quinin more than three days are almost invariably wrong. 5. Bronchial asthma beginning after 40 usually means heart or kidney disease. 6. Epilepsy beginning after 40 usually means dementia paralytica or cerebral arteriosclerosis. 7. Typical migraine is often a symptom of unrecognized brain tumor or chronic nephritis. 8. Most cases of "bronchitis" mean tuberculosis, bronchial pneumonia or multiple bronchiectasis cavities. 9. Aside from the immediate results of acute infections, "acute" nephritis usually turns out to be chronic. 10. Acute gastritis and gastralgia usually mean appendicitis, gall-stones or peptic ulcer. 11. Pus in or near the liver is often mistaken for serous or purulent pleurisy, as it produces identical signs in the posterior right chest. 1. An X-ray examination of the shin bones may give the first hint of active syphilis in the joints or internal viscera. 13. Systolic or presystolic murmurs heard at the apex of a markedly enlarged heart seldom mean valve lesions. 14. Diastolic murmurs at the base of the heart are uncertain evidence of aortic disease without characteristic jerkings in the peripheral arteries. 15. Myocarditis is a diagnosis that should never be made. 16. Besides the direct evidence afforded by history and physical and chemical examination, diagnosis profits much by taking account of certain familiar pathologic changes or groups of them. Given one or two members of the group it is often wise to act as if the others were present, provided that the direct evidence is in no way contradictory. 17. Brain localization of tumors, hemorrhages, etc., is still in its infancy. 18. The clinical diagnosis of the so-called blood diseases is the easiest and safest in medicine.

* Journal A. M. A., October 15, 1910.

ST. LOUIS ITEMS

Dr. J. C. Falk of St. Louis and Miss Ida Curtman of the same city were married September 8. Miss Curtman is a daughter of the late Dr. Charles O. Curtman of St. Louis, scientist and author.

Dr. Lydia DeWitt has been appointed assistant bacteriologist at St. Louis in place of Dr. McConnell, who resigned to take the chair of pathology in Temple University at Philadelphia. Dr. DeWitt is the first woman physician appointed on the staff of any city institution in St. Louis. She is a graduate of Ann Arbor, where she was instructor in histology.

Articles of Historical Value.—The president's desk and gavel and the various programs of last spring's meeting of the A. M. A. in this city have been preserved by the St. Louis Medical Society. The gavel and programs have been fixed under glass on the desk, which has been refinished and made to look better than new. Its historical value will increase with the years.

Dr. T. D. Crothers to Lecture in St. Louis.—Dr. T. D. Crothers, of Hartford, Conn., editor of the Journal of Inebriety, will deliver a series of lectures on "Alcohol" and on "Drug Addiction," before the students of the American Medical College of St. Louis. These lectures will be given December 8-10, 1910, and will be open to the public, as well as to members of the medical profession.

Dr. Edith Strong, who has for several years been identified with the St. Louis Medical Society as its clerk, has resigned her position and will leave St. Louis early in November for Los Angeles, where she will spend the winter. Dr. Strong's services have been so uniformally effective and graciously given that her resignation occasions great regret in the society. There appears to be no one who is quite ready to fill the place which her departure makes vacant.

Indian Summer.—Did any other city than St. Louis have so protracted and delightful climatic conditions as are ours from mid-September to Christmas it would be famed throughout the world. St. Louis accepts the protracted period of Indian Summer and says nothing, it comes regularly and seems to be ours by right. A considerable experience in other localties proves conclusively to us that there is nothing in California or Florida more invigoratingly delightful that the weather which is ours each year at this season.

The "Manbirds."—The ten days ending October 16th, gave St. Louis an opportunity to witness the marvelous ability of those who are conquering the air in aeroplanes, airships and balloons. The air maneuvers of these men are almost terrifying, but they convince the most skeptical that the conquest of the air is entirely feasible and is being accomplished. Until further development we are more than willing that others shall be selected as passengers, but we are convinced that it is but a matter of time when this manner of travel will be in practical service.

Local Medical Headquarters.—For several years it has been the definite purpose of those actively interested in local medical affairs to make the conjoined buildings of the St. Louis Medical Society and the St. Louis Medical Library Association the hub of medical interest from which medical affairs shall radiate. This purpose has been gradually accomplished up to a point near complete success. During recent months the secretary of the State Association has been installed in quarters in the library building, the St. Louis society has arranged its affairs to more closely identify its administration with the same place, and the Council of the society has seen wise to assume leasehold rights over the parlors of the library building which are being remodeled and tastefully furnished by the library people. This last means for the membership of the society a suitable place for committee meetings, for private and other conference, and it must do much toward bringing about the establishment of this place as the definite headquarters in all things of medical concern.

As we go to press, we learn of the death of Dr. John V. Shoemaker, of Philadelphia. A more extended notice will appear in our next issue.

Cholera in Russia.—The cholera in Russia, a country in which this scourage always is endemic, assumed alarming prevalence during the past two months. Originating in southern Russia, it invaded nearly all parts of the Empire, and since the outbreak of the epidemic more than 180,000 persons have been attacked, of whom nearly 100,000 died. The most devastating effects of the disease were exerted in the coalfields of the Donetz region, where the daily mortality rose to 1,200 and the conditions became desperate. In the Don region there have been 18,500 cases with 8,500 deaths, and in the Kuben district over 20,000 cases with more than 10,000 deaths. In St. Petersburg, for sometime the daily average of new cases was two hundred, with a mortality of fifty per cent, the total deaths to date being over 1,300.

Death Rate in Cities.—The city of St. Paul, Minn., is credited with being the healthiest city in the United States so far as the figures of the Census Bureau for 1909 have been computed. Five cities of 100,000 population or over, San Francisco, Louisville, Minneapolis, Omaha and Memphis, are not included in the list since the census returns of 1910 have not been announced. In St. Paul the death rate for 1909 was 11.4 per 1,000 of population, while that in New Orleans was 20.2 the highest for the year. Other cities having a low death rate for the year are Columbus, O., 13.4; Cleveland, O., 12.8; Detroit, Mich., 14; Indianapolis, Ind., 14.3; Kansas City, Mo., 14.4; Rochester, New York, 14.4; and Chicago, 14.6. The death rate of New York City was 16 per 1,000 of population and of Philadelphia, 16.4.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

Syphilis. By Sir Jonathan Hutchinson, F. R. S., LL. D., F. R. C. S., Consulting Surgeon to the London Hospital, and to the Royal London Ophthalmic Hospital. Tenth thousand. Entirely new edition and largely rewritten with 12 colored and 24 black-and-white plates. Octavo, cloth. 600 pp. New York City: Funk & Wagnalls Company, 44 E. 23d street. (Price, $3.00, net; post-paid, $3.17.)

There are few English writers who seem to adapt themselves to the American point of view as does the author of this book; he comes of a race which seems to study set form and to follow literary usage in a way that is distress to Americans who consider a concise getting to facts as a primer equities of an author. In this volume he shows himself an enthusiast who is capable and competent, he believes what he says and imparts it in a convincing manner. While the book is a revision of one long out of print it is to all intents and purposes a new volume in that it has incorporated in it the latest advances up to the time of its appearance. In fact the publication of the present, edition having been delayed by the author's desire to take full advantage of the demonstration of the Spirocheta pallid as the immediate cause of syphilis, with the experimental work which has followed that discovery. He suggests that the spirochete is not to be regarded as representing the sum total of syphilis, and that the complex group of symptoms which results from a spirillum invasium is often more importantly due to the patient's proclivities than to the parasite itself. Among other questions dealt with in the volume is the use of the salts of arsenic in the treatment of syphilis, showing that his investigations were along the same line which have led to the discovery of "606." The volume should be in every working library.

Radiotherapy. By Dr. Louis Wickham and Dr. Degrais. Translated from the French by S. Ernst Dore, M. D., with an introduction by Sir Malcolm Morris, K.C.V.O., one of the physicians to King Edward VII. Octavo, cloth. 300 pp. New York City, 44 E. 23d St.: Funk & Wagnalls Co.

The American profession has shown little patience with those of its number who have become enthusiasts over radium and less appreciation of the work which they are doing. This volume comes at an opportune time for it shows that our French and English brethern are giving thoughtful attention to this valuable agent. The authors are well known in France as among the first to use this new remedial agent and they have patiently studied and experimented for years; this book is the result of their research and practise and may be said to contain the last word on the subject up to the present. Sir Malcolm Morris, who is himself one of the foremost skin specialists in the world says in his introduction to this book that Dr. Wickham "is the true pioneer in the new region now gradually being opened up of the therapeutic application of radium," and that "nothing can deprive Dr. Wickham of the glory of having laid the foundation stone of scientific radium therapy." The present translation contains "a large number of new facts illustrating operative methods and therapeutic results" which are not in the French edition, although the latter appeared only a year ago. The subject is handled in a pleasingly scientific manner and the text is happily free from those extravagances which are so liable to characterize a volume devoted to so new and unknown a subject. We believe that it must awaken the American profession to a greater interest in radium and its therapeutic application.

Pathogenic Micro-organisms, including Bacteria and Protozoa. A Practical Manual for Students, Physicians and Health Officers. By William H. Park, M. D., Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, etc.; and Anna W. Williams, M. D., Assistant Director of the Research Laboratory, Department of Health, New York City. New (fourth) edition, thoroughly revised. Octavo, 670 pages, with 196 illustrations and 8 full-page plates. Philadelphia and New York: Lea & Febiger, Publishers, 1910. (Cloth, $3.75, net.)

Among the host of works on bacteriology Professor Park's book won a foremost place immediately on its original appearance, and in the intervening eleven years four large editions have been required. Its firm establishment as a standard and favorite is thus beyond question. In its previous edition the author broadened it to include the protozoa as well as the bacteria, the animal as well as the vegetable germs, two parts of the great subject of pathogenic micro-organisms, so that this single volume presents the entire field in the most convenient and authoritative manner. In this new edition the scope of the book has been broadened again by including micro-organisms important in argiculture. It has been thoroughly revised to represent the latest developments in one of the most important and active branches of medicine. The changes have been so sweeping that the entire volume has been reset in new type. The illustrations in black and colors contain many new figures.

The Diagnosis of Smallpox. By T. F. Ricketts, M.D., M.R.C.P., D. P. H., Medical Superintendent of the Smallpox Hospitals and of the River Ambulance Service of the Metropolitan Asylums Board. Illustrated from photographs by J. B. Byles, M. B., B.C., F.R.C. S., D. P. H. Many charts, colored photographs taken from life, and black-and-white illustrations. New York City: Funk & Wagnalls Company. (Price, $6.00, net; post-paid, $6.25.)

This volume adds another to the more important texts on smallpox diagnosis and it is easily one of the best available. The subject matter completely covers the various phases of the disease, it is splendidly practical, the illustrations are of an excellence and number never excelled. Illustration tells a story which cannot be set in type; the author has shown his appreciation of this fact and has presented a collection of illustrations which impart such practical information as to be quite as effective as would be clinical observation at the bedside. A study of this volume makes the arriving at a diagnosis in practical application an easy matter. The publishers have gotten out a volume of an attractiveness and durability in keeping with the value of the subject matter.

MEDICAL SOCIETY NEWS

The Nevada State Medical Association held its annual convention at Lake Tahoe on September 19 to 21. The following officers were elected for the ensuing year: President, Dr. Sidney K. Morrison, Reno; vice-president, Dr. W. H. Hood, Reno; secretary, Dr. M. A. Robinson, Reno.

The Indiana State Medical Association at its annual convention at Fort Wayne on September 29, elected the following officers for the ensuing year: President, Dr. F. C. Heath, Indianapolis; first vice-president, J. N. Hurty, Indianapolis; second vice-president, Dr. A. S. Dickey, Tipton; third vice vice-president, Dr. J. P. Salb, Jasper; secretary, Dr. C. N. Combs, Terre Haute; treasurer, Dr. David Stevenson, Richmond.

The officers of the Kentucky State Medical Association are: President, Dr. J. G. Carpenter, of Stanford; first vice-president, Dr. J. W. Pryor, of Lexington; second vice-president, Dr. D. E. Giannini, of Coalmont; third vice-president, Dr. G. E. Hancock, of Henderson; secretary, Dr. A. T. McCormack, Bowling Green; treasurer, Dr. W. B. McClure, Lexington; Dr. Curran Pope, delegate to the American Medical Association. Paducah was selected for next meeting place.

The West Virginia State Medical Association, in session at Parkersburg, elected the following officers: President, Dr. C. A. Wingerter, of Wheeling; first vice-president, Dr. J. E. Cannaday, of Charleston; second vice-president, Dr. Glenn Mummau, of Petersburg; third vice-president, Dr. G. D. Jeffers, of Parkersburg; secretary, Dr. A. P. Butt, of Davis; treasurer, Dr. H. G. Nicholson, of Charleston.

New York and New England Association Railway Surgeons.—The twentieth annual session of the New York and New England Association of Railway Surgeons will be held at the Hotel Astor, Broadway and 44th Street, New York City, on November 3-4, 1910, under the presidency of Dr. L. M. Bingham, of Burlington, Vt. An excellent program has been arranged. Dr. John B. Deaver, of Philadelphia, will deliver the "Address on Surgery," on November 3d, at 12 o'clock. A cordial invitation is extended to railway officials, railway surgeons, and to the medical profession to attend this session of the association.

Western Section, Medical Examiners' Association.—On October 5, 1910, the Northwest Section of the Interstate Association of Medical Examiners was duly organized, and the first meeting of the society was held in Seattle, Wash., on that date. The objects of this society are: first, to establish professional and social relations between physicians who regularly make examinations for life and accident insurance companies and corporations of good repute; second, to make possible a frequent interchange of opinions and ideas, to the end that the members may attain a higher degree of efficiency; third, to protect the members of the medical profession against imposition on the part of corporations, and to protect the corporations and individuals against unscrupulous examiners; fourth, to maintain a standard fee for all work coming under the head of physical examinations. The annual meeting of the association will be held in September of each year, and the Northwest Section will get together twice a year for their regular meetings. There is every reason to believe that this section will be a very prosperous one, as already over five hundred examiners in the Northwest, residing in the States of Idaho, Montana, Oregon and Washintgon have indicated their desire to become members.

Unsuitable food may cause scurvy in infants without causing indigestion.

SOCIETY PROCEEDINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Thirty-sixth Annual Meeting, held at Detroit, September 13-15, 1910.

(Continued from page 407.)

The Cause and Significance of Tubal Rupture in Extrauterine Pregnancy.—Dr. Channing W. Barrett, Chicago, read a paper on this subject in which he drew the following conclusions: 1. Pregnancy, which is considered to be always extrauterine in the beginning, assumes pathologic significance when it undergoes ectopic attachment.

2. The ovum attached in the tube has a parasitic action, having a malignant tendency in that it destroys maternal tissues, embeds itself in the tube wall and tends toward death of the mother, but in "making its bed digs its own grave."

3. The growth of the ovum or enlargement of dead ovum mass together with the destruction and thinning of the tube wall leads to almost certain rupture of the tube.

4. The primary rupture may be partial and even slight, or it may be complete and even fatal.

5. If incomplete, a subsequent rupture or ruptures are the rule.

6. With rupture there is free hemorrhage more or less severe, which is never to be looked on lightly and which may prove fatal.

7. The loss of blood may be through one rapid fatal hemorrhage or there may be a series of lesser hemorrhages.

8. If the patient does not succumb to loss of blood the presence of the blood and the ovum in the abdominal cavity act as irritating foreign substances leading to loss of function and pathologic changes in the viscera, and perhaps to local or general infection, thrombosis, embolism, etc.

9. The dead ovum is only slightly less harmful from the standpoint of infection.

10. A study of the pathology makes all treatment looking toward killing the ovum appear irrational.

11. Patients in good condition with or without ruptures are almost certain to have future trouble and should have an operation as soon as is consistent with good work.

12. Patients in bad condition with concealed hemorrhage from the cause in question have collapse in proportion to the amount of blood lost, and rational treatment must look with certainty toward the stopping of further hemorrhage.

13. An opening of the abdomen with clamping or ligating of the vessels is the only reliable means of controlling internal hemorrhage and if done rapidly and with care is little tax on the patient.

14. The clinical experience of the world and a study of the pathology of this condition points to the danger of delay.

15. The more desperate the case while the patient yet lives, the greater the call for immediate action.

DISCUSSION.

Dr. Edwin Walker, Evansville, Indiana: I know of one death from repeated hemorrhages, but most of the deaths have been in delayed cases in which sepsis has occurerd after operation. The teaching that we should wait in these cases is not sound. I feel that the position taken by Robb is untenable. These patients who have been operated on promptly in my experience have recovered.

Dr. Joseph Rilus Eastman, Indianapolis: This is 1910, and it is a pity that it is necessary for Dr. Barrett to present a paper like the one he has read. The teaching that it is wise to allow a woman to bleed into her own abdomen, or into her tube or uterus, while the surgeon stands by with his arms folded and falls back on soft pillows or relies on Providence, is absolutely pernicious. If a vessel were bleeding on the surface of her body, what man would be so negligent or so indolent as to stand by and allow the patient to bleed to death?

Dr. Charles Stoltz, South Bend, Ind.: I think that the more energy we expend in teaching that these conditions are to be met and not dallied with the better. The men who have received the proper teaching will recognize these conditions, and they will usually find some one who is competent to meet the conditions speedily, or they may be competent to operate themselves, because if there is any delay, or if the patient is carried from one place to another, she may die. I would rather act on the theory that shock is hemorrhage, and hemorrhage is shock.

Special Points in Advanced Extrauterine Pregnancy.—Dr. Shelby C. Carson, Greensboro, Ala.: Although my experience is nil, I venture the suggestion that the operation for advanced extrauterine pregnancy be done in two stages when necessary or advisable, at an interval of from 48 to 60 hours, according to the judgment of the operator. In the first place, let the abdomen be opened, the child delivered, and the ovarian and uterine arteries clamped by rubber covered forceps, if they can be ap-

proached. In the second stage, separate the sac, release the blood-vessels after ligating the anomalous one, and closing the abdomen. Sometimes hysterectomy is imperative. This differs from and apparently is superior to the old method of uniting the sac to the incision and waiting weeks for its separation, since by this method the danger from sepsis is eliminated.

DISCUSSION.

Dr. J. H. Carstens, Detroit: I had one patient who went to term, a general practitioner having made the diagnosis. I operated on her in two stages. The placenta seemed to be attached to the intestines and the rectum, and I did not have the courage to remove it. I thought the best thing would be to leave the placenta alone, and so I removed the fetus, separated the peritoneum with the sac, and drained. The woman was septic at the time of operation, and finally died from sepsis. The placenta did not separate. Little shreds came away through the abdominal incision.

Dr. W. M. Harsha, Chicago: I have never heard satisfactorily explained the cause of the intense pain that comes on in cases of tubal rupture. The extent of pain and the broad radiations of it are great in comparison to the very small area apparently involved. A woman with tubal rupture suffers pain from her chest to her thighs—sometimes, at least. The broad radiation with the intense character of the pain make it almost impossible to get from these patients a rational explanation or history. These are the cases in which I believe a good dose of morphin is indicated: First, it will abolish the cardinal or reflex pains to a certain degree and help to localize the trouble; second, it will limit the hemorrhage. Before administering morphin one should observe carefully the character of the pain, the extent of the radiations, the time, and the urgency of the condition. After recognizing these, morphin will answer two indications, namely, to relieve the shock and put the patient in a better condition for operation, and to some degree arrest the hemorrhage.

Dr. Channing W. Barrett, Chicago: In dealing with advanced extrauterine pregnancy we find that in the early months the ovum is not considered. The probabilities are that so far as the ovum is concerned it will die, and the chances are that it will kill the woman sooner or later. A few years ago, we would have said that at any time during the extrauterine pregnancy, early or late, the ovum should be removed at the earliest possible time. The teaching has been that if the ovum has passed the fifth month we should wait for viability. I would be inclined yet, even in spite of that teaching, to remove the ovum when found.

(To be continued)

AMERICAN PROCTOLOGIC SOCIETY.

Twelfth Annual Meeting, held at St. Louis, Mo., June 6 and 7, 1910.

(Continued from page 383.)

Multiple Adenomata.—(By Geo. W. Combs, M. D., of Indianapolis, Ind.)—An adenoma is the result of an increase in number and a crowding together of elongated and enlarged secreting follicles. It is an exaggeration of epithelial cells. This epithelium is prone to penetrate the basement membrane. When it does so and reaches the muscularis and other submucous tissues it is malignant. Irritation may be through the normal function of the bowel, that caused by parasites, or as a result of surgical removal singly. Surgical disturbance in situ of a benign adenoma, a widening, experience shows, will be followed by malignancy. A case was reported in which occurred the malignant degeneration without surgical interference. This does not necessarily show an inherent tendency of benign adenomata to malignancy, but the adenomata, through the factor of irritation, predisposes the patient to cancer. In the case to which reference is made above, one or more of the adenomata low down in the rectum had undergone the malignant transformation. On account of the extent of involvement and the extreme exhaustion of the patient, extirpation of carcinoma was deemed inadvisable, but left colostomy was made reaching a portion of the sigmoid above the growth limit. The tenesmus and diarrhea were at once relieved and the patient made comfortable until the carcinoma reached the cutaneous margin. Through the colostomy lavage was administered, the solutions being normal salt, boracic acid and sodium salicylate. The adenomata between the colostomy wound and the carcinoma, through functional rest of the bowel and cleanliness, disappeared. If degeneration has not taken place a colostomy right or left, high enough to get above the growth limit, is advised and through this soothing and cleaning solutions used, rather than the removal of the whole bowel proximal ward above the high limit of growth. The latter is a very serious operation for the strong and one in which

the mortality will necessarily run high in these patients, as they present themselves usually late in the disease. After malignant transformation has taken place, it would seem useless to remove the malignant portion unless the entire bowel involved may be removed at the same time.

Some Observations on the Pathology of Multiple Adenomata.—(By Jerome M. Lynch, M. D., of New York City, N. Y.)—He presented the results of his observations on two interesting cases of rectal adenomata. He hoped that others would be sufficiently interested to record and report their own cases, and that our admittedly scanty information on the pathology of this unusual and serious diseased condition would be materially added to. It was his impression that approximately 46 per cent of recorded cases of this adenomata terminate in cancer and that the ultimate results are commonly fatal; yet the scientific investigation of these tumors has been so comparatively rare and isolated that our actual knowledge of the causes and conditions is lamentably meager. It may be said that the pathology is not at all established.

Location.—According to Lichtenstein the relative number of instances of these tumors in the different parts of the intestinal tract is indicated in the following arrangement (the most frequent site of occurrence being in the rectum), rectum, ileum, colon, ileocecal valve and duodenum. Malignant degeneration naturally affects the parts named in about the same comparative order of distribution, with the exception of the ileum; this latter being less exposed to insult by reason of the fluid condition of the feces in that region. It may be noted that these tumors usually manifest themselves in patients between 25 and 35 years old, and the malignant degeneration consequently occurs much earlier than cancer usually occurs. About 50 per cent of the cases collected from the literature were under 35 years of age. A brief summary of the current theories followed.

Pathological Findings.—Several tumors were removed from each case, from the smallest size to the largest. The smaller tumors (that is, those that had recently sprung up) were shown to be composed mostly of granulation tissue, which showed numerous small blood vessels and interstitial fibroblasts. The entire structure is infiltrated by an acute exudate of leucocytes and serum, showing an acute inflammatory process. At the base of the polyp are a few slightly hypertrophied but rather typical glands. The surface epithelium over the polyp shows complete desquamation. The tumor appears to be composed almost entirely of an inflammatory granulation tissue.

Diagnosis—Inflammatory Tissue Polyp.—The section through the large polyp, taken from the same individual as the above, but at an advanced stage, showed a growth composed of adenomatous glandular proliferation. There is a narrow peripheral margin in some places about the growth, which shows granulation tissue. The greater part of the growth about the periphery is composed of simple adenomatous glandular proliferation. Throughout the polyp there is an exudate of serum and leucocytes, the latter showing a predominating number of eosinophiles. There is complete desquamation of the superficial epithelium. Some of the glands in the adenoma appear typical; but the greater number are very much larger than those of the rectal mucosa, and are in condition of marked hyper-secretion.

Diagnosis—Adenomatous Polyp.—These two reports were selected as being typical of what was found in the small and in the well-developed tumor; and go to show an inflammatory starting point, with a later proliferation of glandular tissues, which corresponds, to a great extent, with the findings of Lebert and Schwab. Much more, might have been learned, had the writer been fortunate enough to have secured a postmortem on the case that died, as he was confident some of the tumors in the upper part of the sigmoid would have shown carcinomatous degeneration. Again, a section through a growth down into the bowel, might have thrown some further light on the subject. He hoped to continue the investigation when another opportunity offered. Reports of cases followed.

(To be continued)

The McDowell monument, at Danville, Ky., erected by the Kentucky Medical Society, in 1879, out of respect to the memory of the late Ephriam McDowell, known as the performer of the first operation for ovariotomy, was disfigured by unknown vandals recently. A reward has been offered for their apprehension.

Dr. J. L. Andrews states he found aspirin to have a striking effect in pneumonia. Doses of 10 grains, four times daily, keep the patient in continuous sweat, during which a quiet sleep occurs, the fever is reduced and the pulse improves. No sign of heart depression has been observed.—American Medicine.

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Marine Hospital Service.—During the last fiscal year 16,766 vessels were inspected by the officers of the United States Public Health and Marine Hospital service. This also meant the inspection of 1,280,000 would-be immigrants, of whom about 30,000 were excluded as unfit, either physically or mentally. The annual cost of the work of the service is about $2,000,000.

Oregon's Tuberculosis Sanatorium.—The new state sanatorium of tuberculosis at Salem was reported ready for occupancy on October 1. The work of remodeling the old state school for the deaf and dumb to fit it for its present purposes has been carried on rapidly during the past few months, and the institution is now said to be well adapted for a fresh air sanatorium. Dr. H. J. Clement is superintendent, and Miss Francis Marsh matron and head nurse.

Carbolated vaseline, spread thickly on gauze, is also an excellent and pleasant application for burns.

The Henry Tuberculosis Hospital of Seattle.—King County board of commissioners has voted to give $500 a month to the support of the Henry Tuberculosis Hospital, with the understanding that the city of Seattle should give an equal amount, payments to begin when hospital is in operation. Work is to be rushed upon the institution as rapidly as possible.

Clinical Fortnight.—A clinical symposium is announced to be held in Chicago from November 7 to 19, consisting of clinics at various hospitals from 8 a.m. to 5 p. m. on each day. Headquarters for this series of clinics are to be maintained at Hotel La Salle, where visiting surgeons may register and receive their cards of admission to clinics. Full particulars, programs, etc., may be obtained from Dr. Franklin H. Martin, 100 State street, Chicago. Special society meetings will also be held during the clinical fortnight.

Radium More Valuable than Diamonds.—Nothing which exists in such minute quantities as radium has ever before been talked about so much. It was announced the other day that a second gram of the mineral has been produced at the Austrian government laboratory at Joachimsthal. It was more than four hundred grams to make a pound. After the Curies had discovered radium, the Austrian government sent to them in Paris by a special messenger two milligrams, or two-thousandths of a gram. The mineral is so precious and so rare, and when not properly protected can work such havoc, that none of its has ever been sent through the mails or in any other way than by messenger. It has to be combined with various chemicals before it can be conveniently used. Each radium preparation that is sent out is incased in a small nickeled brass cartridge about one-third of an inch in diameter. The bottom of the cartridge is filled with lead, a square hole is made in the lead, and the radium preparation is inserted. Then the cartridge is sealed with a mica cap through which the radium rays may operate. Every cartridge sent out is registered and numbered, and none sold save to learned men of established reputations or to scientific institutions. Although there is but a small fraction of a pound in existence, a pound at the present prices would bring thirty-six million five hundred thousand dollars.—Youth's Companion.